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TRANSMITTAL FORM

(To be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number	09/851,369
Filing Date	5/8/01
First Named Inventor	Lyman
Group Art Unit	not assigned
Examiner Name	not assigned
Attorney Docket Number	7784-000185

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Request for Corrected official filing receipt and postcard
	Remarks	The Commissioner is hereby authorized to charge any additional fees that may be required under 37 CFR 1.16 or 1.17 to Deposit Account No. 08-0750. A duplicate copy of this sheet is enclosed.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Harness, Dickey & Pierce, P.L.C.	Attorney Name	Reg. No.
Signature			
Date	August 15, 2001		

CERTIFICATE OF MAILING/TRANSMISSION

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner of Patents and Trademarks, Washington, D.C. 20231, or facsimile transmitted to the U.S. Patent and Trademark Office on the date indicated below.

Typed or printed name	Mark D. Elchuk
Signature	
Date	August 15, 2001

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Patent

Application No. 09/851,369
Filing Date: May 8, 2001
Applicant: Lyman
Group Art Unit: not assigned
Examiner: not assigned
Title: Methods and Apparatus for transmitting
portal content over multiple transmission regions
Attorney Docket: 7784-000185

REQUEST FOR CORRECTED OFFICIAL FILING RECEIPT

Hon. Commissioner of Patents
and Trademarks
Washington, D.C. 20231

Sir:

We acknowledge receipt of the Official Filing Receipt for the above identified application.

However, please delete the continuation information as follows:

"THIS APPLICATION IS A CIP OF 09/639,912 8/16/2000"

The present application is not a CIP application. Accordingly, please correct your records
and issue a corrected filing receipt.

Respectfully submitted,

HARNESS, DICKEY & PIERCE, P.L.C.
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